



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE  
**Commissioner for Patents**  
**Washington, D.C. 20231**  
**Fax (703)746-4000**

2834

BB

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30140 7590 03/20/2003

AL HARRISON  
 1018 PRESTON STREET, SUITE 100  
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Al Harrison	(Depositor's name)
	(Signature)
5/12/2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/003,548	10/24/2001	Clifton Gerard Anderson	2001-01523	6583

TITLE OF INVENTION: PORTABLE DC POWER GENERATOR WITH CONSTANT VOLTAGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	06/20/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
PONOMARENKO, NICHOLAS	2834	290-00100A

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Harrison Law Office  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent)       individual     corporation or other private group entity     government

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Issue Fee

A check in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

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(Authorized Signature) Al Harrison

(Date) 5/12/2003

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05/28/2003 ZJUHAR2 00000021 10003548

01 FC:2501 650.00 OP  
 02 FC:1504 300.00 OP